

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 23047

1. Corporation Name

A & A Supplies & Medical Rentals
INC.

2. Principal Office Address

4659 SW 71 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4659 SW 71 Ave

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1988

5. FEI Number

650049860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eduardo R. Salinas

400033124814

Street Address (P.O. Box Number is Not Acceptable)

10225 SW 37 Terras

04/20/04--01042--014 **158.75

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

E. Salinas

REGISTERED AGENT MUST SIGN

Date

12/31/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President Owner	Eduardo R. Salinas	10225 SW 37 Terras	Miami FL 33165

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

E. Salinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/03 (305) 667-1045

Daytime Phone #

CR2E081 (10/02)